Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/04/2013	Address:	505 N. Sycamore St.	
Incident #:	13ISPC010035		Gaston, Indiana	
County:	Delaware		47302	
Type of Laboratory Scizure (check one) Seizure Location (check all that apply)				
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:	
(check all that	: Location (bedroom, kitchen, open air, apply) r Birch Reaction(s):	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents:				
☐ Water Rea	active Metal (Lithium):			
Anhydrous Ammonia:				
Corrosive	Acid:			
Corrosive 🔀	Base:			
Other (item and location):				
<u>Vehicle</u> Infor	mation:			
Owner: VIN; Year:	N/A N/A N/A	Make: Model:	N/A N/A	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		□ unclean Estimated len occurring: N/	Living conditions of home: clean disarray which unclean Estimated length of time manufacturing had been occurring: N/A Additional Information: N/A	
This report h	as been faxed* or emailed to the fo	Howing agencies tha	t serve the location:	
Health Depart	ent City, Township or County <u>Muncie</u> ment County: <u>Delaware County</u> f Child Services Hotline: <u>deshotlinere</u>	Fax: (765)		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Thomas Harbison Phone 765-778-2121				

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.